

7631914  
202

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Hair</i>	<i>52</i>	<i>05-05-01</i>
I.P.E. CLASSIFIER	<i>SM</i>	<i>3-864</i>	<i>7/24/01</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

+ ..... Rejected      N ..... Non-elected  
 - ..... Allowed      I ..... Interference  
 = ..... Canceled      A ..... Appeal  
 (Through numeral) ..... Restricted      O ..... Objected

Claim	Date
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07-24-01

If more than 150 claims or 10 actions  
staple additional sheet her

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